

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5						
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1	40				
42	1	40				
43	1					
44	1					
45	1					
46	3					
47	3					
48	3					
49	3					
50	3					
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	IND	DEP	IND	DEP
51		3		
52		3		
53		3		
54		3		
55		3		
56		3		
57		3		
58				
59		1		
60		1		
61		1		
62		1		
63		1		
64		1		
65		1		
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.	144			
TOTAL DEP.	150			
TOTAL CLAIMS	174			